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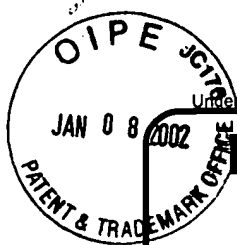
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/483,969	
	Filing Date	1/18/2000	
	First Named Inventor	Farley et al.	
	Group Art Unit	3763	
	Examiner Name	C. Rodriguez	
Total Number of Pages in This Submission	8	Attorney Docket Number	VNUS-53427

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply (Election)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	FULWIDER PATTON LEE & UTECHT, LLP Thomas A. Runk, Reg. No. 30,679
Signature	<i>Thomas A. Runk</i>
Date	10/16/2001

CERTIFICATE OF MAILING	
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FEE TRANSMITTAL for FY 2002 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
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		Filing Date	1/18/2000
		First Named Inventor	Farley et al.
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METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																																																																																																																											
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 06-2425 Deposit Account Name: FULWIDER PATTON <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES																																																																																																																																																																																																																																																																											
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Thomas A. Runk	Registration No. (Attorney/Agent)	30,679
Signature	<i>Thomas A. Runk</i>	Telephone	310/824-5555
		Date	10/16/2001

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